Mental Health and its Determinants

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Determinants of mental health and well-being on child and adolescent:

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- Health promotion, health education and awareness of mental health;

- Positive mental health promotion;

- Mental health literacy;

- Mental disorder- most common in adolescents;

- Mental well-being-definition and aspects;

- Protective and risk factors of mental health;

- Medico-social advantages of early detection of high risk groups at schools;

- Early sexual behavior

- Physical, psychological and social development

- - Child with normal needs

- Cultural perspectives;

- Stigma.

Introduction:

- **HEALTH PROMOTION** is one of the most frequently used and discussed concepts of contemporary health. It marks a new strategy of better health which was ratified at the beginning of the 1980[-s] [1, p. 291].

- The concept of „**health promotion**" was <u>defined for the first time in 1923</u> by S. Winslow as *„an organized public effort for training an individual in the problems of public health and development of the public system, ensuring standard of life adequate for maintenance and improvement of health"* [2, p. 292].

The concept of „HEALTH PROMOTION" includes two components:

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- „*PROMOTION*" means *„an activity for support, assistance, stimulation, maintenance and help for the growth or development of something".*

- *HEALTH* is reviewed not only as lack of illness or disability but also as a *positive concept*, outlining the psychic, social and spiritual *well-being* of the individual and his personal and social resources, in addition to his physical welfare [1, p. 291].

- **Health is defined by the World Health Organization (WHO)** as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [5, p.1] and health promotion is understood as 'actions that support people to adopt and maintain healthy lifestyles and which create supportive living conditions or environments for health' [8, p. 5].

- *HEALTH is a complex* of physical, *mental*, emotional, intellectual and social *welfare*, not only the absence of sickness or defect. It is a resource which makes everyday life possible [5, 7].

Mental health promotion

•   Health is defined by the World Health Organization (WHO) as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [5, p.1] and health promotion is understood as 'actions that support people to adopt and maintain healthy lifestyles and which create supportive living conditions or environments for health' [8, p. 5].

•   In these definitions it is clearly recognized that **mental health promotion is an integral component of health promotion**. Not only are there complex interconnections between physical and mental health, they share many of the same determinants (9, 2005).

•   Good **mental health promotion** is defined as "the enhancement of the capacity of individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences" [40].

Mental health promotion

In modern conception health is defined as: value, wealth for the society, a mean for and in everyday life making its quality better. ***Based on the holistic conception*** of health there are ***4 dimensions*** [5, 7]:

- Physical health- proper functioning of the organism and its systems and organs;

- ***Mental health- intellectual and emotional***;

- Social health- the ability of maintaining adequate reactions among people and perform their social roles;

- Spiritual health- connected with beliefs and religious practice, keeping inner peace [5, 7].

Mental health promotion

• Health promotion is comparatively new field of the strategy for practical activities connected with human's health and the society. It is concentrated on everyday life of whole population not only on people in situation of threat of certain sickness. It is **directed towards activities in the sphere of determinants of health**, it connects in it different but complementary methods for impact, directed against health threats [8].

• In the mid-1980[-s], Andrew Tannahill created a model that presented health promotion as three overlapping spheres of activity: **health education, prevention, and health protection** [3].
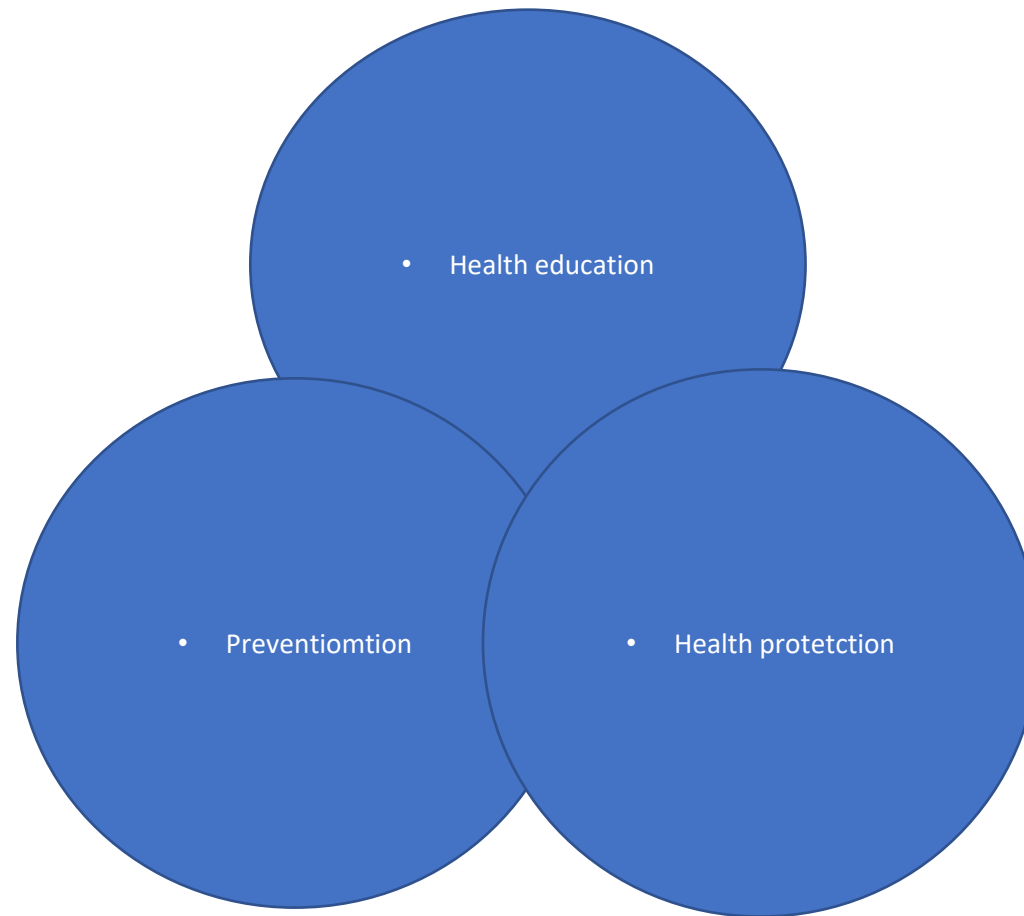
Figure 1. The Tannahill model of health promotion

Mental health promotion

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- **Education** here includes general education as well as health education, and the fostering of empowering attributes such as resilience, self-esteem, confidence and life skills in addition to the development of knowledge and awareness [3].

- **Prevention**
  - ❖ Encourage your children to talk about their feelings and validate their feelings
  - ❖ Listen first, then talk
  - ❖ Discipline with respect and teaching, not shame
  - ❖ Model positive self-care
  - ❖ Let children be independent, when possible
  - ❖ When sharing information, be honest with your children (at an age-appropriate level)
  - ❖ Assist children with problem-solving
  - ❖ Make time daily to talk with your children

- **Health protection**
  - ❖ Share real-life examples
  - ❖ Explain the range of symptoms
  - ❖ Listen and support
  - ❖ Share stories of overcoming mental health desorders

Cultural perspectives

- One way in which culture affects mental illness is through how patients describe (or present) their symptoms to their clinicians. There are some well recognized differences in symptom presentation across cultures [43].

- The meaning of an illness refers to deep-seated attitudes and beliefs a culture holds about whether an illness is "real" or "imagined," whether it is of the body or the mind (or both), whether it warrants sympathy, how much stigma surrounds it, what might cause it, and what type of person might succumb to it. Cultural meanings of illness have real consequences in terms of whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy, and/or traditional healer), the pathways they take to get services, and how well they fare in treatment. The consequences can be grave - extreme distress, disability, and possibly, suicide - when people with severe mental illness do not receive appropriate treatment [43].

Cultural perspectives

- Few doubt the importance of culture in fostering different ways of coping, but research is sparse. One of the few, yet well developed lines of research on coping styles comes from comparisons of children living in Thailand versus America. Thailand's largely Buddhist religion and culture encourage self-control, emotional restraint, and social inhibition. In a recent study, Thai children were two times more likely than American children to report reliance on covert coping methods such as "not talking back," than on overt coping methods such as "screaming" and "running away" (McCarty et al., 1999) [43].

- Other studies by these investigators established that different coping styles are associated with different types and degrees of problem behaviors in children (Weisz et al., 1997) [43].

Cultural perspectives

- Stigma can prevent mentally ill individuals from seeking treatment, adhering to treatment regimens, finding employment, and living successfully in community settings. In 2001, the World Health Organization (WHO) identified stigma and discrimination towards mentally ill individuals as "the single most important barrier to overcome in the community", and the WHO's Mental Health Global Action Programme (mhGAP) cited advocacy against stigma and discrimination as one of its four core strategies for improving the state of global mental health [46, 46].

Cultural perspectives

- Treatment seeking is also very closely linked to the *historical context* of cultural groups. This is of special note in in HICs with a colonial past. First Nations People in countries like the United States, Canada, Australia and New Zealand struggle with endemic mental health issues that can be closely linked to histories of dispossession, oppression and intergenerational trauma [47, 48].

- *Racism* is an especially potent influence within culture and mental health. Racism and discrimination are "umbrella terms referring to beliefs, attitudes, and practices that denigrate individuals or groups because of phenotypic characteristics (e.g., skin color and facial features) or ethnic group affiliation" [49, USDHHS, p. 38].

Cultural perspectives

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- Mainstream *biases* and *stereotyping* of cultural groups can impact on recovery. Kline and Huff posit that the effectiveness of healthcare interventions is compromised when "health practitioners overlook, misinterpret, stereotype, or otherwise mishandle their encounters with those who might be viewed as different from them in their assessment, intervention, and evaluation-planning processes" [50].

- Still further considerations involve the concept of *culture as language*. Language is central to any culture and to cultural understanding, and yet in HICs such as Australia the therapist and the client may not even share the same language [51].

Mental health literacy

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- Mental health literacy is a significant determinant of mental health and has the potential to improve both individual and population health [22, 23, 24].

- Evidence shows that improved knowledge about mental health and mental disorders, better awareness of how to seek help and treatment, and reduced stigma against mental illness at individual, community and institutional levels may promote early identification of mental disorders, improve mental health outcomes and increase the use of health services [25, 26, 27].

Mental health literacy

- Mental health literacy refers to the ability to use mental health information to recognise, manage and prevent mental health disorders and make informed decisions about help-seeking and professional support [41].

- Currently, HL is understood to include the following components: the competencies needed by people to help obtain and maintain health and identify illness; understanding how and where to access and how to evaluate health information and health care; understanding how to properly apply prescribed treatments; and, obtaining and applying skills related to social capital, such as understanding rights related to health and health care and understanding how to advocate for health improvements [42].

Mental health literacy

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Mental health literacy to include 4 domains:

- 1) understanding how to obtain and maintain good mental health;
- 2) understanding mental disorders and their treatments;
- 3) decreasing stigma against mental illness;
- 4) enhancing help-seeking efficacy [23, 28].

Mental health literacy

- Mental health literacy addresses **3 inter-related concepts**:

- knowledge (knowledge of mental illness and positive mental health);

- attitudes;

- help-seeking efficacy.

This definition is consistent with the current construct of health literacy defined and promoted by the WHO as an empowerment tool for people to participate in their health care [29].

Mental health definitions

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- Mental health can be understood as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community [10, p. 1].

- Other definitions of mental health refer to the individual's subjective feelings of well-being, optimism and mastery, the concepts of 'resilience', or the ability to deal with adversity, and the capacity to be able to form and maintain meaningful relationships [11, 2000]. Although the expression of these qualities will differ contextually and individually from culture to culture, the basic qualities remain the same [12].

Mental health definitions

- Mental health promotion includes 'strategies to promote the mental well-being of those who are not at risk, those who are at increased risk and those who are suffering or recovering from mental health problems' [13].

- The evidence-based determinants of mental health in terms of risk and protective factors include individual, social and societal factors and their interaction with each other. Social and economic disadvantage, giving rise to poverty and lack of education, constitute risks for mental illness, and often create and interact with other known risk factors such as displacement, racial injustice and discrimination, poverty, unemployment, poor physical health, access to drugs and alcohol, violence and delinquency [14].

Mental health definitions

- As many determinants of health, and particularly mental health, largely lie outside the health sector, addressing promotion requires an understanding and commitment from stakeholders from many constituencies. In a public health approach, the health sector requires the knowledge, attitudes and skills to advocate, persuade and collaborate with these other sectors to engage in activities that enhance mental health.

- The activities of mental health promotion are mainly socio-political: reducing unemployment, improving schooling and housing, working to reduce stigma and discrimination of various types... The key agents are politicians, educators, and members of nongovernment organizations [8, p. 26]

Social determinants of mental health

- "The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstancesare in turn shaped by a wider set of forces: economics, social policies, and politics" (WHO)

Factors associated with mental health outcomes:

- Demographic,
- Social
- Economic
- Environmental structures
- Environmental events.

Mental health risk factors

1.Risk factors at the individual level
a. Biological factor
b. Psychological factor
c. Behavioral factor
d. Co-morbidities: multiple sclerosis and depression

2 Social and economic determinants
a. Economic determinant
b. Social determinant

3 Environmental Factors
a. Inequality, Racism
b. Discrimination in the Context of Homophobiac.
c. Refugee Mental Health, War and Immigrantsd.
d. Unemployment

Mental health risk factors

- Risk factors at the individual level can be classified as biological, psychological, and behavioral factors.

- **Biological** factors refer to any pre-natal deficits that an individual may have inherited from his/her biological relatives, or any unideal conditions that the individual is born with. Examples include but are not limited to injury and brain defects, chemical unbalances, infection, and toxins.

- **Psychological** factors are external stimuli that can have a negative impact on an individual's mental health. Typical stressors include unstable political environment, war, family separation and bereavement of loved ones.

- **Behavioral** factors are interrelated to one's lifestyle and are self-controllable. For example, lack of sleep is a potential risk factor that can certainly be avoided if one is adept at time management. Though each type of factor is significant in contributing to the mental disorder, scientists believe that mental illnesses are likely to have multiple causes due to the interaction of all types of risk factors [1].

Key implications

- Therefore, the terms *'mental health'* and *'emotional and behavioural'* are used interchangeably [15].

- Also, when we refer to *'mental health problems'* we mean any emotional and behavioural difficulty that adversely affects the child's life. Mental health disorders are diagnosed in a subset of children with emotional and behavioural problems, according to diagnostic criteria; these are often, but not always, applied to the more severely affected individuals [16].

  When we refer to *'child'*, *'children'*, or *'childhood'*, we include adolescence.

  - The key implications are:

✓ mental health assessments take time;

✓ assessment needs to be undertaken in a flexible way;

✓ no one agency can span the complexity of factors involved, so child mental health is 'everyone's business'.

Key implications

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- The process by which mental health problems evolve is closely related to the process of child development, and many of the same factors are in play.

✓ Biological: direct effect on neurobiology, either from condition itself (e.g. epilepsy) or treatment (e.g. steroids for asthma).

✓ Psychological: often marked by a similar psychological process to bereavement, with

- both denial and over-acceptance possible adverse results.

✓ Social: effect on family wide-ranging and complex. Difference from peers becomes increasingly important and difficult in adolescence.

Early biological adversity is an important risk factor both for developmental conditions and mental health problems. These include:

✓ prematurity

✓ exposure to toxins in utero, most commonly

✓ alcohol

✓ serious illness in infancy (e.g. meningitis).

- In addition, later illness and chronic conditions (e.g. epilepsy) can represent a biological psychological and social challenge all in one [17].

- Developmental status is important to ascertain when assessing mental health, whether or not the child has a known specific developmental diagnosis. It may be that a behaviour that is thought to be abnormal is, in a child. with developmental delay, normal for the developmental age. Specific problems with communication, interaction, and **behavioural inhibition** will affect the child's ability to respond in a constructive way to frustration and other challenges [18].

Social factors - early relationships and attachment

- In the first 2 months of a baby's life, infants are not fussy about who responds to their needs. From 3-6 months of age they become more selective, demanding comfort from one or two caregivers. By age 6-8 months they are particular about who responds to their needs or holds them, especially when distressed, and show tearful [19].

✓ The quality of preschool thought the child is at the centre of his world ('I'm tired so it's getting dark')

✓ Everything has a purpose ('The sea is there for us to swim in')

✓ Inanimate objects are alive ('Naughty table hurt me') and have feelings and motives

✓ Poor categorization (all men are Daddies)

Social factors - early relationships and attachment

✓ Use of magical thinking ('If I close my eyes, she'll go away')

✓ Use of sequences or routines rather than a sense of time

✓ The use of toys and other aspects of imaginative play as aids to thought (particularly in making sense of experience and social relationships) separation anxiety if their main caregiver, usually the mother, is not there. lftired, fearful, unhappy, or in pain, they will cling to her and be comforted by her presence as an attachment figure.

Social factors - early relationships and attachment

- At this time, the child learns to crawl, and so is able to leave a primary caregiver and possibly encounter danger. The development of attachment behavior allows the infant to keep track of their parent's whereabouts and resist separation. This close attachment relationship derives from social interaction and the mother's sensitive responsiveness to the baby's needs, not from any blood tie. It need not be with the biological mother, although it usually is. Its importance lies in it being:

  • a particularly close relationship within which the child's development of trust, empathy, conscience and ideals is promoted, forming a prototype for future close relationships

  • the child's primary source of comfort, providing the principal method of coping with stress (fear, anxiety, pain, etc.).

Social factors - early relationships and attachment

- Children who have never had the opportunity for a close, secure attachment relationship in their early years are at risk of growing up as *self-centred individuals* who seek the affection and attention of others but have difficulty with close personal relationships and with learning to conform with social rules of conduct.

- The selective clinging of early attachment behavior diminishes over time, so that in the second year of life children extend their emotional attachments to other family members and carers. By school age, they can tolerate separations from their parents for several hours.

- Children vary in their ability to do this depending on their temperament and social circumstances.

- A series of frightening events will tend to perpetuate clinging, which may persist well into middle childhood (age 5-12 years). This interferes with children's capacity to learn how to cope with anxiety on their own anxiety.

Social factors - early relationships and attachment

- Family relationships are, for most children, the source of their most powerful emotions. Similarly, parents have more effect than anyone else on children's social learning and behaviour. The ecological model of child development indicates that families are generally the most potent environmental influence on a child's mental health. They are not all-powerful, since a predisposition to particular childhood emotional and ***behavioural problems*** can be inherited, but family influences interact with th is so that overt disorder may or may not emerge. Nevertheless, the non-genetic contribution of family interactions to emotional and ***behavioural disorders*** is often substantial and the mechanisms whereby they produce disorder are various.

The following are some of the known risk factors:

✓ angry discord between family members

✓ parental mental ill health, especially maternal depression

✓ bereavement

✓ divorce and subsequent loss of a parent figure (in some cases)

✓ intrusive overprotection

✓ lack of parental authority

✓ physical and sexual abuse

✓ emotional rejection or excessive criticism

✓ inconsistent, unpredictable discipline

✓ using the child to fulfil the unreasonable personal

✓ emotional needs of a parent

✓ inappropriate responsibilities or expectations for the child's level of maturity.

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Adversities inside and outside the family

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- Parents need to be made aware of changes required to improve the situation, it is unwise to blame them for causing their child's problem as it makes them likely to engage in treatment. It is more constructive and accurate to place the difficulties at home in the context of a biopsychosocial formulation.

- Experiences with other children are increasingly recognized as highly significant in psychosocial development. Bullying is a known adversity, and other forms of persecution. The majority of older children and adolescents in the developed world have internet access and utilize social media websites regularly, often using smartphone devices. Social media platforms are transforming the way young people communicate with one another.

Adversities inside and outside the family

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- There are benefits in the form of online support groups and promising tools for education and mental health awareness, there is increasing evidence that vulnerable adolescents can be harmed by exposure to websites which may promote eating disordered or addictive behaviour. There are many online discussions about self-harm and suicide can have a toxic effect on the adolescent. Cyberbullying over the internet is usually carried out by the same people as conventional bullying but appears to be more damaging. Excessive use of electronic devices can impact on sleep and reduce interpersonal interactions.

Early sexual behavior…

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Most sexual behavior in children and teenagers is a typical and healthy part of development. The behavior described above is typical for school-age children. Your child might behave in these ways because:

- curious about the differences between boys' and girls' bodies

- working out how bodies work

- trying to understand relationships

- adjusting to the new environment and rules of primary school

Barnett, M., Giaquinto, A., Hunter, L., & Worth, C. (2017). Age appropriate sexual behaviour in children and young people: Information booklet for carers, professional and the general public (2nd edn). Melbourne: South Eastern Centre Against Sexual Assault and Family Violence and Gatehouse Centre.

True Relationships and Reproductive Health (2019). Traffic Lights® Sexual behaviours in children and young people: A guide to identify, understand and respond to sexual behaviours (v. 4). Brisbane: True.

Early sexual behavior

- The World Health Organization (WHO) identifies positive sexual health and healthy views of one's sexuality as imperative for physical and mental well-being [1].

- In Europe and North America, sexual initiation often occurs during adolescence [2] and can be a marker and a predictor of risks such as

- coercion or abuse,

- inconsistent use of contraception, increased incidence of sexually transmitted infections (STI's),

- unplanned pregnancy,

- substance abuse,

- subsequent sexual violence, or

- increased numbers of sexual partners [3].

Early Sexual Activity was defined as having sexual intercourse at the age of 15 years or younger, based on the standard definition of early sexual activity as that occurring before the age of 16.

Early sexual activity

- At the individual level, the well-studied relationship between poor mental health and early sexual activity is strong, particularly among adolescent girls [4].

- This relationship is hypothesised to be bidirectional; girls struggling with mental health are more likely to engage in early sexual activity and early sexual activity appears to increase depressive symptoms. Depressed youth may have impaired social relationships, be less motivated to protect themselves, have diminished self-efficacy which negatively impacts their ability to resist pressure, and may attempt to alleviate emotional isolation and distress via sexual intimacy, further complicating poor mental health [5].

Early sexual activity

- Higher family income or socioeconomic status (SES) appears to protect against early sexual initiation [6]. Regardless of household income, living with both parents, more intense parental monitoring, and stronger communication appear to delay actual and intended sexual activity. Girls generally reach emotional maturity earlier than males. Emotional well-being is a subjective indicator of life satisfaction and happiness [7], of positive feelings about life. Such life satisfaction appears to promote strong mental health, the ability to create meaningful relationships, to engage in fulfilling activities, and to feel optimistic.

Early sexual activity depends on

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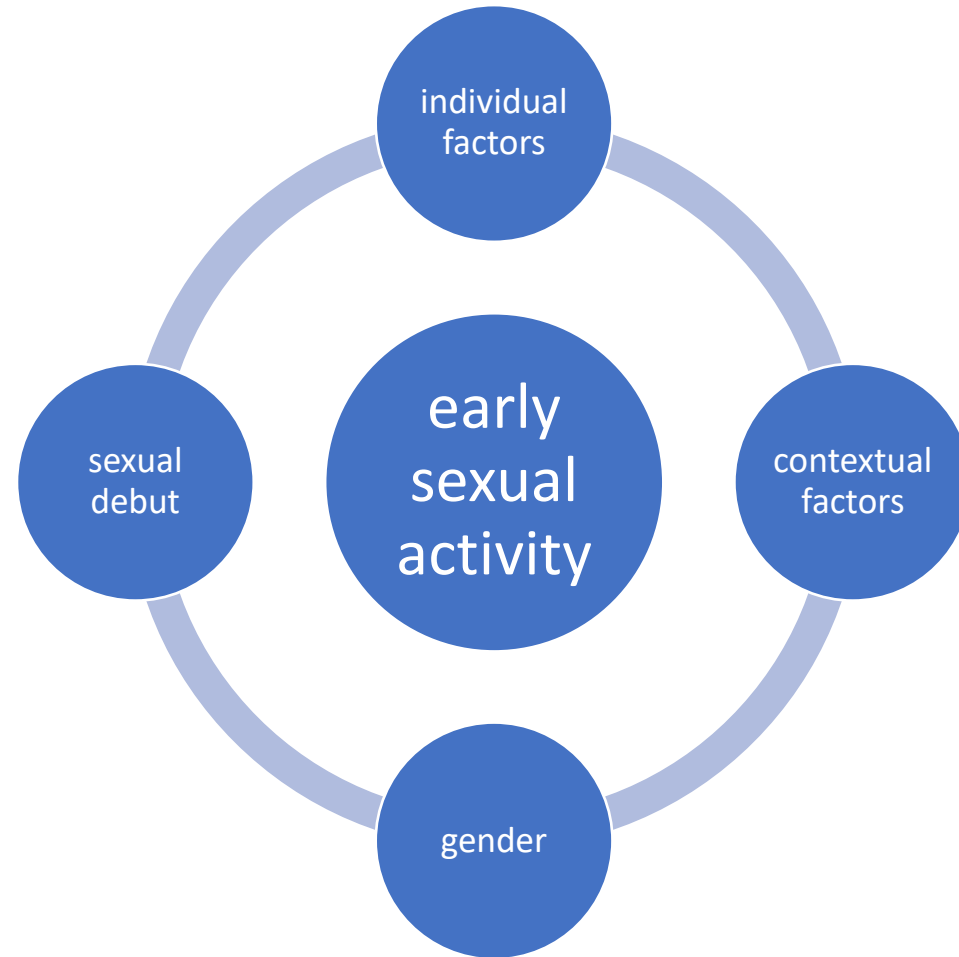
Child with normal needs…

Development describes the way a child grows, changes, and develops skills – not only physically, but also socially, emotionally, cognitively and communicatively. Children in this age group might:

- Have more interest in romantic relationships and sexuality.

- Go through less conflict with parents.

- Show more independence from parents.

- Have a deeper capacity for caring and sharing and for developing more intimate relationships.

- Spend less time with parents and more time with friends.

- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

- Thinking and learning;

Bulgarians` Cultural perspectives

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- The Kuklen Monastery "St. St. Kosma and Damyan" (Orthodox name) is situated about 15 km south of Plovdiv city, Bulgaria.

    Virtual tour

    https://www.youtube.com/watch?v=NzXGo9Qos94

Bulgarians` Cultural perspectives

- Also known as the first psychiatry in Europe in the Middle Ages. The mentally ill were chained in them and stayed overnight in the church. In the morning, the monks had read prayers to them, and then they took them to the holy spring to pour them with the healing water. During the first day the pouring continued until the monk counted to two. The next day it lasted until three. And so, every day with one number on top. The end of "therapy" came when the monk reached 2000. According to the legends, this type of psychiatric treatment had been effective in the XIV century.
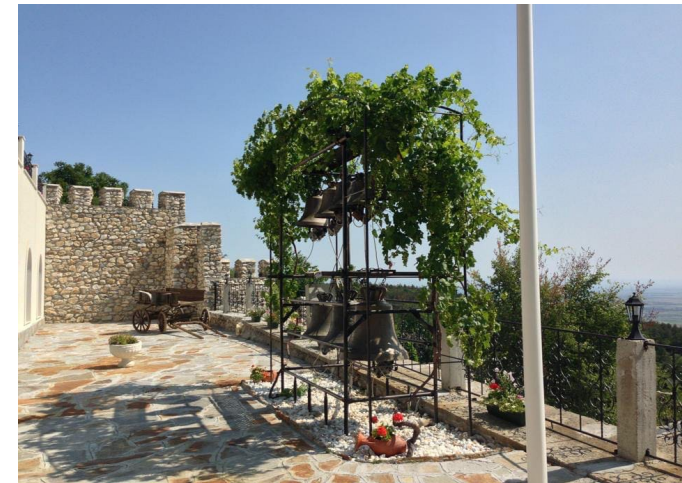
Mental health stigma

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Stigma is the sense – whether conscious or unconscious – that someone is different than you and that difference is negative. Stigma separates "us" versus "them." Common public stigmas surrounding mental health include:

- Children with mental health disorders are weak or lazy;

- Children with mental health disorders are prone to violence;

- Children with mental health disorders are incompetent;

Mental health stigma

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- Mental health stigma refers to social disapproval, or when society places shame on people who live with a mental illness or seek help for emotional distress, such as anxiety, depression, bipolar disorder.

- The pressure of mental health stigma can come from family, friends, coworkers, and society on a broader level. Groups can also politicize stigma. It can prevent people living with mental illness from getting help, fitting into society, and leading happy and comfortable lives [21].

Mental health stigma

For instance, people living with depression are often stereotyped as lazy, while some judge those with anxiety as cowardly. Many people fear being labeled "crazy" for simply seeking support from a therapist. None of these characterizations are valid, and all of them are misinformed, cause pain, and prevent people from getting the help they need [21].

Mental health stigma consists of 3 key components:

- **stereotypes**

- **prejudice**

- **discrimination** [30].

These three are described as a progression [31]: "Stereotypes are learned, oversimplified and often negative attitudes embedded in society, which allow individuals to generate quick impressions of specific subgroups (e.g. psychiatrists are eccentric), without necessarily believing in them [32]. Prejudices are endorsed stereotypes, meaning they are accompanied by negative emotional reactions. This inevitably leads to avoidance and social distancing, resulting in discrimination."

Mental health stigma

- Studies have pointed out three types of stigma:

   public stigma, self-stigma and affiliate stigma [31;35].

- A systematic review has shown that young people with mental health disabilities are more stigmatized than peers with learning difficulties and peers with physical health conditions and disabilities and that stigmatization varies by the type of mental health disorder. [31]

- **There is the notion of a "stigma consciousness"** which is the extent to which a stigmatized individual is aware of public stigma. [34]

Mental health stigma

- **Stigma as a seeking help barrier** - stigma is recognized as one of the primary obstacles preventing people with mental health problems to seek help [36;37;38]. Research has shown that reduced stigma has a positive effect on the intervention of seeking help [39]. There are four stigma types that are associated with preventing help-seeking: perceived public stigma (PublicS), personal stigma (PersonS), self-stigma (SelfS) and attitudes towards help-seeking (HelpA). [38]

- **Prevention -** preventing stigma is part of a complex approach that could include the addressing of other help-seeking barriers, such as mental health literacy, family beliefs, autonomy, as well as implementing different methods such as classroom intervention, psychoeducation, outreach, multimedia and peer training interventions [36].

Stand against stigma

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